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Washington, DC 106

#### **UNITED STATES**

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number:

3235-0076

Expires:

February 28, 2009

Estimated average burden

hours per response ...... 4.00



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Sale of Limited Partnership Interests in TRANSLINK CAPITAL PARTNERS I, L.P.	09038165
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  TRANSLINK CAPITAL PARTNERS I, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)  228 Hamilton Avenue, 3 <sup>rd</sup> Floor, Palo Alto, CA 94301	Telephone Number (Including Area Code) (650) 798-5415
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Same	Telephone Number (Including Area Code) Same
Brief Description of Business Venture Capital Investments	
Type of Business Organization	
corporation limited partnership, already formed	
business trust limited partnership, to be formed other	
Actual or Estimated Date of Incorporation or Organization:    Month   Year     0   4   0   7     Solution of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for Str. CN for Canada; FN for other foreign jurisdiction)	Actual Estimated ate: FN

#### GENERAL INSTRUCTIONS

Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of §230.503T.

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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<ul> <li>Each beneficial ow</li> </ul>	he issue ner hav cer and	er, if the issuer having the power to director of corporation	is beer vote o orate i	ssuers and of corporat	e vote					securities of the issuer;
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first,	f indiv	ridual)			<del></del>					
TransLink Management I,	L.L.C	· ·				an pillandid liga til ligia til kanya kaya tilana kahakanan kaya da pada ayan kanan ya sa		·		
Business or Residence Addre				, State, Zip Code)						
228 Hamilton Avenue, 3 <sup>rd</sup> I	loor,	Palo Alto, CA 9	4301						·	
Check Box(es) that Apply:	<b>⊠</b>	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indív	ridual)								
Eum, Jay H.										<del> </del>
Business or Residence Addre	•			, State, Zip Code)						
228 Hamilton Avenue, 3 <sup>rd</sup> I	loor,	Palo Alto, CA 9	4301				ستسند			
Check Box(es) that Apply:	<b>X</b>	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)		•						
Otani, Toshiya		<del></del>				**************************************				
Business or Residence Addre				, State, Zip Code)						
228 Hamilton Avenue, 3 <sup>rd</sup> I		·	4301	····						
Check Box(es) that Apply:	×	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)								
Park, Sung										
Business or Residence Addre	-			, State, Zip Code)						
228 Hamilton Avenue, 3 <sup>rd</sup> F								····		
Check Box(es) that Apply:	<b>⊠</b>	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)								
Yang, Jackie										
Business or Residence Addre 228 Hamilton Avenue, 3 <sup>rd</sup> F				, State, Zip Code)						
Check Box(es) that Apply:		Promoter	×	Beneficial Owner		Executive Officer		Director	П	General and/or Managing Partner
Full Name (Last name first, i	findiv	idual)								
Fairview Capstone Partner:	s, L.P.									
Business or Residence Addre	ss (Nu	mber and Street	, City,	State, Zip Code)						
Suite 200, 75 Isham Road, Y	Vest H	fartford, CT 0	5107							
Check Box(es) that Apply:		Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	indivi	idual)								
KT Corporation										
Business or Residence Addre	ss (Nu	mber and Street,	City,	State, Zip Code)						
206 Jeongja-dong, Bundang	- gu, S							····		
		(Use blank	sheet,	or copy and use add	itional	copies of this sheet	as ne	cessary)		

		A	. BASIC ID	ENTI	FICATION DATA				
<ul> <li>Each beneficial own</li> <li>Each executive office</li> </ul>	ne issuer, if the issuer h	as beer vote o orate i	or dispose, or direct the ssuers and of corporate	e vote	or disposition of, 10%	or ments o	ore of a class f partnership	of equity issuers; a	securities of the issuer; and
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							····	
Nikko antfactory K.K.									
Business or Residence Addre	ss (Number and Stree	t, City	, State, Zip Code)						
1-2-1 Marunouchi, Chiyoda	ı-ku Tokyo-to, Japa	a 100-(	0005						
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
UMC Capital Corporation					·····		···		
Business or Residence Addre		t, City	, State, Zip Code)						
488 DeGuigne Drive, Sunny	vale, CA 94085				1				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and Stree	t, City	, State, Zip Code)			***************************************	and the second and are considered as a second and assume the second		
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Full Name (Last name first, it	f individual)								
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Full Name (Last name first, it	findividual)								
Business or Residence Address	ss (Number and Stree	t, City,	State, Zip Code)		· · · · · · · · · · · · · · · · · · ·				
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Address	ss (Number and Stree	t, City,	State, Zip Code)					······································	
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1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No ⊠		
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	2. What is the minimum investment that will be accepted from any individual?										\$	N/A	
3.	Does the	e offering p	ermit joint o	wnership of a	single unit?			*************	********			Yes ⊠	No
4.	Enter th similar t associat dealer.	e information remuneration ed person of If more the	on requested n for solicita r agent of a l	for each per tion of purch proker or dea persons to b	rson who ha asers in com ler registere	s been or wi nection with d with the SI	II be paid or sales of secu EC and/or w	given, direc crities in the c ith a state or	offering. If a states, list the or dealer,	tly, any con person to be e name of th	nmission or listed is an ne broker or		
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Name	of Asso	ociated Brok	er or Dealer										
States	in Whic	ch Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers							
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Busine	ess or R	esidence Ad	ldress (Numb	er and Street	, City, State	, Zip Code)							
Name	of Asso	ciated Brok	er or Dealer				······································	<u> </u>	<del> </del>		<del></del>		
States	in Whic	h Person Li	sted Has Sol	icited or Inte	nds to Solic	it Purchasers							
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[A] [II]	-	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	5
	Equity	5	2
	Common Preferred	<b>б</b> -	er.
	Convertible Securities (including warrants)		5
	Partnership Interests  Other (Specify)		\$ <u>43,400,000</u>
			5 42 400 000
	Total	\$ 75,000,000	\$ <u>43,400,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	35	\$_43,400,000
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		5
	Printing and Engraving Costs		\$
	Legal Fees		\$ 100,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 100,000

total expenses furnished in response to Part C proceeds to the issuer."	e offering price given in response to Part C - Question 1 ar C - Question 4.a. This difference is the "adjusted gross		\$ <u>74,900,000</u>			
each of the numoses shown. If the amount	gross proceeds to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and cl of the payments listed must equal the adjusted gross proce Question 4.b above.	eck				
		Payments to Officers, Directors & Affiliates	Payments To Others			
Salaries and fees		🛭 \$ 4,538,889	<b>\$</b>			
Purchase of real estate		🗆 s	<b>S</b>			
Purchase, rental or leasing and installation o	f machinery and equipment	🗆 \$	<b>S</b>			
Construction or leasing of plant buildings an	d facilities	🗆 \$	s			
Acquisition of other businesses (including th	ne value of securities involved in this offering that may be of another issuer pursuant to a merger)					
Repayment of indebtedness		🗆 s	<b>S</b>			
Working capital		🗆 \$	\$ 70,361,111			
Other (specify):		🗆 \$	<b>S</b>			
Column Totals		🛛 \$4,538,889	\$ 70,361,111			
Total Payments Listed (column totals a	idded)	🛛 \$ <u>74.9</u>	00,000			
	D. FEDERAL SIGNATURE					
he issuer has duly caused this notice to be signed be n undertaking by the issuer to furnish the U.S. See on-accredited investor pursuant to paragraph (b)(2)	y the undersigned duly authorized person. If this notice is file urities and Exchange Commission, upon written request of its of Rule 502.	ed under Rule 505, the follow s staff, the information furni	wing signature constitute shed by the issuer to ar			
ssuer (Print or Type)	Signature	Date				
RANSLINK CAPITAL PARTNERS I, L.P.	February 26, 2009					
Name of Signer (Print or Type)	Title of Signer (Print or Type)  Managing/Member of TRANSLINK MANAGEMEN	TIIIC the General Pa	ortner of the Issuer			
Foshiya Otani	Managing Methoer of TRANSLINK MANAGEMEN	1 1, L.L.C., the General 1 c	ittici of the issuer			

# **ATTENTION**

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)